

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

DCH/LPH-100 (05/05)

**CONTROLLED SUBSTANCE LICENSE APPLICATION
PHYSICIAN METHADONE PROGRAM**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

P.A. 368 of 1978, as amended, requires a separate controlled substance license for physicians dispensing and administering controlled substances in an approved methadone program.

All methadone treatment programs must be approved by the Substance Abuse Licensing Section of the Department of Community Health (517) 241-1970.

Board Use Only

I AM APPLYING FOR THE FOLLOWING:

- ☐ **New Physician Methadone Controlled Substance license -
Fee: \$85.00 71-5304-3757**
- ☐ **Relicensure of Physician Methadone Controlled Substance license -
Fee: \$105.00 71-5304-3757**

If Relicensure, indicate previous Physician Methadone license number

53-04

Date of Licensure

License Number

Your check or money order drawn on a U.S. Financial Institution and made payable to the **STATE OF MICHIGAN** must accompany the application.
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the department.

First Name	Middle Name	Last Name
Type of Professional License (Check One): <input type="checkbox"/> D.O. <input type="checkbox"/> M.D.		Michigan Permanent I.D./License Number and Expiration Date:
U.S. Social Security Number		Daytime Phone Number

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever had any license limited, suspended, revoked, denied, or surrendered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your license limited as a result of board disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Program Information

I am applying for a controlled substance license to practice in the following approved methadone program:

Name of Program		
Address 1		
Address 2		
City	State	Zip Code

Signature of Applicant	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.